



FRESNO POLICE DEPARTMENT

VOLUNTEER IDENTIFICATION CARD APPLICATION

Name: _____
(Last) (First) (Middle)

Home Address: _____
(Street) (City) (State) (Zip Code)

Home Phone: _____ Work Phone: _____

E-mail address: _____

Date of Birth: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

California Drivers License Number: _____ Expires: _____

Volunteer Signature: _____ Date: _____

THIS SECTION TO BE COMPLETED BY THE SUPERVISOR OF THE INDIVIDUAL NAMED ABOVE

Unit or Program Assignment: _____

Supervisor: _____ Phone: _____

Signature of Supervisor: _____ Date: _____

RETURN FORM TO VOLUNTEERS IN POLICE SERVICE (VIPS)

Fresno Police Department – Patrol Support Division
2326 Fresno Street - Fresno, California 93721

FOR VIP OFFICE USE ONLY

Card Number _____ Date Issued _____ Expiration Date _____